

County: Berkeley

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CONIFER I COMMUNITY RESIDENCE 110 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0311 WILSON, SUSAN PH#: 843-761-0311 Facility Email: ASHOOK@BICSERVICES.ORG	Berkeley / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0119 / 05/31/2014	8
CONIFER II COMMUNITY RESIDENCE 114 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0311 WILSON, SUSAN PH#: 843-761-0311 Facility Email: ASHOOK@BICSERVICES.ORG	Berkeley / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0120 / 05/31/2014	8

Totals For Facility/License Type: Habilitation R15**Number of Activities/Facilities licensed:** 2 **Number Licensed Units:** 16**Number of Activities/Facilities licensed in county of** Berkeley **# Lics:** 2**Number Licensed Units :** 16

County: Charleston

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
DILLS BLUFF COMMUNITY RESIDENCE 936 DILLS BLUFF RD CHARLESTON, SC 29412-5316 FAC.#:843-805-5800 GOLDMINTZ, DAVID PH#: 843-762-2374 Facility Email: RMAGNER@DSNCC.COM	Charleston / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0131 / 10/31/2014	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 1 Number Licensed Units: 8Number of Activities/Facilities licensed in county of Charleston # Lics: 1
Number Licensed Units : 8

Division of Health Licensing

County: **Dorchester**Facility Type: **Habilitation R15**

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
PARSONS I GROUP HOME 711 PARSONS RD SUMMERVILLE, SC 29483-3359 FAC.#:843-871-1285 OLDS, CHRISTA PH#: 843-871-1285 Facility Email: CELESTE.RICHARDSON@DORCHESTERDSNB.ORG	Dorchester / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0215 / 06/30/2014	8
PARSONS II GROUP HOME 707 PARSONS RD SUMMERVILLE, SC 29483-3359 FAC.#:843-871-1285 OLDS, CHRISTA PH#: 843-871-1285 Facility Email: CELESTE.RICHARDSON@DORCHESTERDSNB.ORG	Dorchester / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0216 / 06/30/2014	8

Totals For Facility/License Type: Habilitation R15

Number of Activities/Facilities licensed: <u>2</u>	Number Licensed Units: <u>16</u>
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Number of Activities/Facilities licensed in county of <u>Dorchester</u>	# Lics: <u>2</u>
Number Licensed Units :	<u>16</u>

Report Totals

Total Number of Activities/Facilities licensed <u>5</u>	Total Number Licensed Units: <u>40</u>
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